

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AB</i>		<i>12-03-01</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>10</i>	<i>12-14-01</i>
FORMALITY REVIEW	<i>TA</i>	<i>1113</i>	<i>12-18-01</i>
RESPONSE FORMALITY REVIEW	<i>gph</i>	<i>1030</i>	<i>322-N</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	0
10	0
11	0
12	0
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	0
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	0
31	0
32	0
33	0
34	0
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	0
43	✓
44	✓
45	✓
46	✓
47	0
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
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62	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

S- # 876
12/19/01